

Pennsylvania Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390079 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | | (X3) DATE SURVEY COMPLETED: 07/25/2023 |
| NAME OF PROVIDER OR SUPPLIER: ROBERT PACKER HOSPITAL, THE STATE LICENSE NUMBER: 440601 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: ONE GUTHRIE SQUARE SAYRE, PA 18840 | | |
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| P 0000 | INITIAL COMMENT | P 0000 | | | |
| | <p>This report is the result of an unannounced onsite complaint investigation (CHL23C272I) completed on-site on July 24, 2023, and off-site on July 25, 2023, at Robert Packer Hospital. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p> | | | | |
| P 0921 | | P 0921 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE: | | (X6) DATE: |
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| P 0921 | Continued from page 1 109.21 POLICIES - PRINCIPLE 109.21 Principle Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with methods of meeting its responsibilities and achieving goals. This REGULATION is not met as evidenced by: | P 0921 | 1. The Robert Packer Hospital (RPH) Vice President, Nursing Services is responsible for this action plan. 2. To address the meal consumption deficiency, an audit tool was created to monitor patient meal consumption for every meal. 3. The RPH 6NW Nurse Manager, or designee will reinforce the requirement to document patient's percentage of meal consumption for every meal in the patient's medical record during unit council meetings and daily huddles. 4. The RPH 6NW Nurse Manager, or designee will complete 30 meal consumption audits using the newly created audit tool per month for 3 months or until 90% compliance is reached, then 30 meal consumption audits per quarter for 2 quarters to evaluate ongoing compliance. 5. Audits will be reported by the RPH 6NW Nurse Manager, or designee at the next scheduled Nursing Operations Council. The Director, Regional Regulatory will report audit compliance to the RPH Board Quality Subcommittee | Completion Date: 09/08/2023 Status: APPROVED Date: 08/08/2023 | |

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| P 0921 | Continued from page 2 | P 0921 | quarterly for the next 2 scheduled meetings. 6. To monitor compliance on other medical-surgical patient care units, each medical-surgical leader will randomly audit 5 medical records monthly for compliance with meal consumption documentation and report to VP, Nursing Services. 7. All corrective actions will be completed prior to 9/8/2023. | | |
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| P 0921 | <p>Continued from page 3</p> <p>Based on review of facility documents, medical record (MR) and staff interview (EMP), it was determined the facility failed to ensure patient meal consumption was documented for one of one applicable medical record reviewed (MR1).</p> <p>Findings include:</p> <p>Review on July 24, 2023, of the facility's "Patient Assessment, Reassessment and Vital Signs" policy, effective May 22, 2023, revealed "Policy A. The patient is assessed during the admission process and reassessed at specified times related to the patient's course of treatment, to determine the patient's response to treatment, when a significant change occurs in the patient's condition, and when a significant change occurs in the patient's diagnosis ...Assessment/Reassessment ...F. Focused reassessment - reassessment directed toward involved system(s) and related system(s), as appropriate. Cardiac, respiratory, neurovascular, vital signs, etc. May also include nutritional needs functional needs, etc..."</p> | P 0921 | | | |

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| P 0921 | Continued from page 4 Review of MR1 on July 24, 2023, revealed nursing staff documented this patient's meal consumption as follows: April 17, 2023: Breakfast - 50 % of the meal was consumed Lunch - There was no documentation the meal was consumed Dinner - There was no documentation the meal was consumed April 18, 2023: Breakfast - There was no documentation the meal was consumed Lunch - 25 % of the meal was consumed Dinner - There was no documentation the meal was consumed April 19, 2023: Breakfast -There was no documentation the meal was consumed Lunch - 50 % of the meal was consumed Dinner - There was no documentation the meal was | P 0921 | | | |

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| P 0921 | Continued from page 5 consumed April 20, 2023: Breakfast - 50 % of the meal was consumed Lunch - There was no documentation the meal was consumed Dinner - MR1 was discharged Interview with EMP1 on July 24, 2023, at approximately 1400 confirmed the above information documented in MR1. EMP1 confirmed there was no documentation facility staff documented MR1's meal consumption on the above times. | P 0921 | | | |



Certified End Page

ROBERT PACKER HOSPITAL, THE
STATE LICENSE NUMBER: 440601
SURVEY EXIT DATE: 07/25/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY